

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040618

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10295

STATE FILE NUMBER

FILED NOV 1 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Saint Louis

Length of stay in 1b

Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 6555 Pernod

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN Saint Louisd. STREET
ADDRESS

6555 Pernod

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CARL

Middle

BASILE

Last

POORE

4. DATE
OF DEATH

Month

Day

Year

October 26, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-12-91

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10b. KIND OF BUSINESS OR INDUSTRY

Medical

11. BIRTHPLACE (City and state or country)

Knox Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Woodruff Lee Poore

13b. MOTHER'S MAIDEN NAME

Gould Rouner

14. NAME OF HUSBAND OR WIFE

Margaret Poore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Margaret Poore, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Stomach

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

= gen'l Abdom. Metastasis

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT - SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 1962 to 10/26/62 and last saw him alive on 10/25/62 -

Death occurred at 12:55 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Thomas, M.D.

22b. ADDRESS

4401 Hampton Ave.

22c. DATE SIGNED

10/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-29-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hoffmeister Colonial 6464 Chippewa

25. DATE RECD. BY LOCAL REG.

10-27-1962

REGISTRAR'S SIGNATURE

Road Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill E. Dranson

Licensed Embalmer No. 4764

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.